

**PART B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: Mail

**Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

or Fax (571) 273-2885

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

27863 7590 09/09/2005

**MCNAIR LAW FIRM, PA  
P.O. BOX 10827  
GREENVILLE, SC 29603-0827**

10/28/2005 HGUTEMA2 00000010 502079 10798167

01 FC:2501 700.00 DA  
02 FC:1504 300.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Cornelia Wendland	(Depositor's name)
<i>Cornelia Wendland</i>	(Signature)
10-24-2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/798,167	03/11/2004	Charles Garabedian	036199.00001	5108

TITLE OF INVENTION: DENTAL APPLIANCE FOR THE TREATMENT OF SLEEP DISORDERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	12/09/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
DAHBOUR, FADI H	3743	128-848000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

McNair Law Firm, P.A.

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sleep Sound Services, ZZZ

Seneca, South Carolina

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee

A check in the amount of the fee(s) is enclosed.

Publication Fee (No small entity discount permitted)

Payment by credit card. Form PTO-2038 is attached.

Advance Order - # of Copies \_\_\_\_\_

The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502079 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Typed or printed name

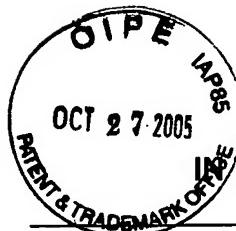
Seann P. Lahey

Date 10-24-05

Registration No. 51,910

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re: Charles Garabadian

Serial No.: 10/798,167

Filed: 03/11/2004

For: DENTAL APPLIANCE FOR THE  
TREATMENT OF SLEEP DISORDERS

Examiner: Dahbour, Fadi H.

Group Art Unit: 3743

Docket No.: 036199.00001

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

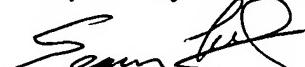
**TRANSMITTAL LETTER**

Please find the following correspondence items enclosed for filing in the United States Patent and Trademark Office:

1. Transmittal of Payment of Issue Fee, in duplicate;
2. Part B – Fee Transmittal, in duplicate;
3. Entry of Fee Address Form; and
4. Return postcard.

Please charge payment of fee of \$1,000.00 to Deposit Account No. 502079. A duplicate copy of this letter is enclosed.

Respectfully submitted,

  
Seann P. Lahey  
McNAIR LAW FIRM, P.A.  
Registration No. 51,910  
P.O. Box 10827  
Greenville, S.C. 29603-0827  
Telephone: (864) 232-4261  
Attorney for the Applicant

I hereby certify that this correspondence is being deposited with the United States Postal Service as **FIRST CLASS MAIL** with sufficient postage and mailing label affixed thereto, in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

By: Charles Wendland  
Date: 10-24-2005

Docket No. 036199.00001



PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Charles Garabedian

Serial No.: 10/798,167

Group Art Unit No.: 3743

Filed: 03/11/2004

Examiner: Dahbour, Fadi H.

Confirmation No.: 5108

For: DENTAL APPLIANCE FOR THE TREATMENT OF SLEEP DISORDERS

**Mail Stop Issue Fee**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

### TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
2. Fee (37 C.F.R. 1.118(a) and (b)):

Application status is:	<u>Regular</u>	<u>Design</u>
<input checked="" type="checkbox"/> small business entity-fee	<input checked="" type="checkbox"/> \$700.00	<input type="checkbox"/> \$400.00
<input type="checkbox"/> statement attached		
<input checked="" type="checkbox"/> statement filed on <u>03/11/2004</u>		
<input type="checkbox"/> other than a small entity-fee	<input type="checkbox"/> \$1,400.00	<input type="checkbox"/> \$800.00

#### Publication Fee

\$300.00

3. Payment of fee:

Enclosed please find check for \$ \_\_\_\_\_.  
 Charge Account \_\_\_\_\_ for any deficiency.

Charge Account 502079 the sum of \$1,000.00

A duplicate of this request is attached.

Signature of Agent or Attorney

Reg. No.: 51,910

Telephone No.: (864) 232-4261

### CERTIFICATE OF MAILING UNDER 37 CFR 1.8(a)

I hereby certify that this correspondence is, on the date shown below, being deposited with the United States Postal Service with sufficient postage as "First Class Mail" in an envelope addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or being facsimile transmitted to the USPTO (703) 746-4000 on the date indicated below.

Date: 10/24/2005

Signature: Cornelia Wendland